



October 2, 2024

VIA EMAIL: kathy.pope@coachusa.com todd.mcelmurray@coachusa.com nina.reece@coachusa.com

American Coach Lines
705 Lively Ave.
Norcross, GA 30071
ATTN: Todd McElmurray, Vice President

Reference: RFP 20-472, Charter Bus Services

Dear Mr. McElmurray:

The DeKalb County School District ("DCSD") desires to extend the originally based award of RFP 20-472 Charter Bus Services for three (3) months on the same terms, conditions, and pricing as set forth in the License and Services Agreement between DCSD and American Coach Lines dated December 18, 2019. The purpose of this letter is to obtain American Coach Lines' acceptance of DCSD's offer to extend the License and Services Agreement.

The extension is subject to the DeKalb County Board of Education's ("Board") approval and will be effective from January 1, 2025, through March 31, 2025. Of course, we will notify you once the Board has approved the extension. DCSD appreciates American Coach Lines' consideration of this offer to extend the award of RFP 20-472.

If accepted, please submit a copy of your company's proof of insurance reflecting the coverage(s) stated within the original solicitation document, sign the acceptance below and email both documents no later than Wednesday, October 9, 2024, to sharmaine_greenland@dekalbschoolsga.org. Insurance policy or policies must be maintained throughout the term of this agreement. A copy of the insurance requirements is included.

Best regards,


Carla L. Smith

Carla L. Smith
Executive Director, Vendor Services

CLS/smg
c: Mr. Erick Hofstetter
Mr. Bernardo Brown
Ms. Mona Gerren

ACKNOWLEDGMENT

American Coach Lines hereby accepts DeKalb County School District's offer to extend the award of RFP 20-472, Charter Bus Services from January 1, 2025, through March 31, 2025. American Coach Lines understands that this acceptance is subject to the approval of the DeKalb County Board of Education.


Authorized Signatory

B. Leslie
Name (Typed or Printed)

10/9/2024
Date


Title of Authorized Signatory



AVALTRA-02

SLU

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/27/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER License # 0757776

HUB International Insurance Services Inc.
1525 Faraday Avenue Suite 150
Carlsbad, CA 92008

CONTACT NAME:

PHONE (A/C, No, Ext): (858) 675-6444

FAX (A/C, No): (858) 675-6450

E-MAIL ADDRESS:

INSURED

Avalon Motor Coach, LLC (Corp)
1000 Corporate Pointe #150
Culver City, CA 90230

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Lancer Insurance Company	26077
INSURER B:	Zenith Insurance Company	13269
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL157724#11	5/13/2024	11/13/2025	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BA164514#10	5/13/2024	11/13/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below			M1275905	4/1/2024	4/1/2025	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

DeKalb County Schools
1701 Mountain Industrial Blvd
Stone Mountain, GA 30083

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE